

<b>CLAIMS ONLY</b>							Application Number <b>10508851</b>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep	1		1				1			
Total Depend	11		11							
Total Claims	12		12							